# Form 990-EZ

### **Short Form Return of Organization Exempt From Income Tax**

2008

OMB No 1545 1150

Department of the Treasury In ernal Revenue Service

SCANNED MAR 3 0 2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For t	he 2008 calendar year, or tax year beginning ,	2008, and e	nding		
В	Check	if applicable C		DE	mployer	identification number
	Addres	ss change   Please use iRs   Utah Coalition Against Sexual Assa	ault		37-05	559460
	Name	change label or 284 West 400 North			elephone	
· 🗌	tristial i	return bype Salt Lake City, UT 84103		1	•	-746-0404
77	Termir			<del></del>	(001)	-740-0404
Ä		ded return Instruct trons			roup E umber	xemption ►
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable to	ucte	G Accounting meth	од Г	Cash X Accrual
		must attach a completed Schedule A (Form 990 or 990-EZ).	<i>u</i> 515	Other (specify)		
				H Check ► X if	the or	ganization is not
ı	Webs	site: > www.ucasa.org		required to attac	h Sche	dule B (Form 990,
<u>J_</u>	Organ	<u>Ization type (check only one)</u> — X 501(c) (3) ◀ (insert no) 4947(a)(1)		990-EZ, or 990-F		
K	Chec		ion <b>and</b> its g	ross receipts are norr	nally <b>n</b>	ot more than
		000 A return is not required, but if the organization chooses to file a return			n	
L		lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 o	r more, file f	Form 990	<b>►</b> ċ	200 460
Da	inster	Revenue, Expenses, and Changes in Net Assets or F	und Palar	eas (Saa tha ins	► Ş	209,460.
-	1	Contributions, gifts, grants, and similar amounts received	uliu balai	ices (See the ins	Τ' . Ι	
	1	Program service revenue including government fees and contracts			2	208,563.
	2	3			3	<del></del>
	3	Membership dues and assessments			<del>-</del>	402
	4	Investment income	ا حا		4	492.
	1	Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses	5a 5b		1	
R	i	Gain or (loss) from sale at assets other than inventory (Subtract In 5b from In 5a) (att sch)	20		┤┎╻	
Ë	6	Special events and activities (complete applicable parts of Schedule G). If any amount is fro	5c	<del></del>		
REVENUE			in ganning, che	ck here		
ŭ	a	Gross revenue (not including \$of contributions	اما	405		
E		reported on line 1)	6a	405.	- 1	
	J	Less direct experises other than fundraising expenses	6b	<del></del>		405
	1	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	احجا		6c	405.
	1	Gross sales of inventory, less returns and allowances Less cost of goods sold	7a 7b		1 1	
	1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7			7c	
	່ 8	Other revenue (describe	ra)	,	8	
	_				9	200 460
	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			+	209,460.
	10	Grants and similar amounts paid (attach schedule)	ECEIVE		10	
É	11				11	107.006
X P E Z S E	12 13	Salaries other compensation, and employee benefits	12	127,936. 11,594.		
Ņ	14	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping				25,641.
	15	Printing, publications, postage, and shipping	T U 5 2U	الِينَ الله	14 15	1,139
S	16					39, 253.
	17	Total expenses (add lines 10 through 16)	DEN, L	<del>)</del>	16 17	205,563.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	3,897.
Α	ĺ				10	3,031.
N S E T	19	Net assets or fund balances at beginning of year (from line 27, column (a figure reported on prior year's return)	A)) (must ag	ree with end-of-year	19	68,188.
ŤĘ	20	Other changes in net assets or fund balances (attach explanation)			20	00,100.
S	21	Net assets or fund balances at end of year Combine lines 18 through 20	)	•	21	72,085.
Pa	rt II	Balance Sheets. If Total assets on line 25, column (B) are \$2,50		re file Form 990 inste		
		(See the instructions for Part II )	0.000 01 11101	(A) Beginning of ye		(B) End of year
22	Cas	sh, savings, and investments		41,418		39,016.
23		d and buildings		12,110	23	33,010.
24		er assets (describe ► See Statement 2 )		33,883	$\rightarrow$	46,707.
25		al assets		75,301		85,723.
26		al liabilities (describe ► See Statement 3 )		7,113		13,638.
_27		assets or fund balances (line 27 of column (B) must agree with line 21)		68,188		72,085.

					055	9460 Page <b>2</b>
			<b>s</b> (See the instructi			Expenses
Desc desc	cribe what was achieved in carrying out th cribe the services provided, the number of	e Statement 4 e organization's exempt purpo persons benefited, or other r	oses. In a clear and cor elevant information for (	ncise manner,	and ( 4947)	4) organizations and (a)(1) trusts, optional
28 See Statement 5  (Grants \$ ) If this amount includes foreign grants, check here ≥ 28a  29						
Part III   Statement of Program Service Accomplishments (See the Instructions.)   Expenses What was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, def (4) organization's purpose what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, def (4) organization's 4947(2)(1) fusts, optic program title.   Part III   Part I						
30	(Grants \$ ) If the	iis amount includes foreign gr	ants check here	• • • • • • • • • • • • • • • • • • •	29 a	
31	Other program services (attach schedule	e)		<u>►    </u>		-41-
	Total program service expenses (add lin	es 28a through 31a)		•	32	
Par	rt IV List of Officers, Directors	, Trustees, and Key En	iployees. (List each d	one even if not com	pens	sated_See the instrs)
	(a) Name and address	per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plans	and	(e) Expense account and other allowances
		Chairman O	0.		0.	0.
Sal	lt Lake City, UT 84105					
		Secretary	0.		0.	0.
	<del></del>	0				
		Past Chair	0		0	0.
948	8 Shirecliff Road		0.		0.	0.
Sor 575	nya_LLittle_Jones 5 Murray_Boulevard	Treasurer 0	0.		0.	0.
Nei	il Abercrombie	Gov Affairs	0.		0.	0.
Sal	lt Lake City, UT 84109	0				
320	0 East 200 South				0.	0.
Lau 284	uren Duncan	1			0.	0.
		_				

BAA	TEEA0812L 01/14/09 F	orm <b>99</b> (	)-EZ (	(2008)
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45	L <u></u> -	X
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	Yes	No X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<b>-</b>	N/A N/A
c	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country	42c		Х
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country	42b	Yes	
<b>42</b> a	a The books are in care of ► Alana Kindness Telephone no ► (801)  Located at ► 284 West 400 North Salt Lake City UT ZIP+4 ► 84103	<u>-746</u>	-040	)4
41	shelter transaction? If 'Yes' complete Form 8886-T  List the states with which a copy of this return is filed ► None	40 e		X
	# Enter amount of tax on line 40c reimbursed by the organization 0  # All organizations At any time during the tax year, was the organization a party to a prohibited tax			
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
t	5501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?  If 'Yes,' complete Schedule L. Part I	40 b		Х
	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 • 0., section 4912 • 0., section 4955 • 0.			
	a Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39a N/A	<b>-</b> 4 :		
	of if 'Yes,' complete Schedule L, Part II and enter the total amount involved  501(c)(7) organizations Enter	7		
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?	37 b		Х
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?  If 'Yes,' complete applicable parts of Schedule N	36	, <sub>F</sub>	Х
	proxy tax requirements?  If 'Yes.' has it filed a tax return on Form 990-T for this year?	35a 35b		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  3 Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			
34		34		Х
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		x
			Yes	No

Form 990-	EZ(2008) Utah Coalition Agai	nst Sexual Ass	ault	87-0559	460	F	Page <b>4</b>		
Part VI	Section 501(c)(3) organization and complete the tables for lin	<b>s only.</b> All section es 50 and 51.	501(c)(3) organı	zations must answer q See St			49		
46 Did t	he organization engage in direct or indirect	t nolitical campaign act	hultes on behalf of or	in conceition to candidates		Yes	No		
for p	public office? If 'Yes,' complete Schedule C	; Part I	livities on behall of of	in opposition to candidates	46		X		
47 Did t	he organization engage in lobbying activiti	es? If 'Yes,' complete \$	Schedule C, Part II		47		X		
<b>48</b> Is the	e organization operating a school as desci	ibed in section 170(b)(	1)(A)(II)? If 'Yes.' com	nplete Schedule E	48		X		
49a Did the organization make any transfers to an exempt non-charitable related organization?									
<b>b</b> If 'Ye	es,' was the related organization(s) a secti	on 527 organization?			49Ь				
50 Com	plete this table for the five highest comperived more than \$100,000 of compensation	nsated employees (other from the organization.	er than officers, direct If there is none, ente	ors, trustees and key employ	yees) who	each	1		
(a	n) Name and address of each employee paid more than \$100 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		pense nt and owance	s		
None					-				
Total number	r of other employees paid over \$100,000								
Total number	of other employees paid over \$100,000	<u></u>	L						
<b>51</b> Com from	plete this table for the five highest comper the organization. If there is none, enter 'N	nsated independent cor lone '	itractors who each re	ceived more than \$100,000 c	of comper	nsation	1		
<del></del>	(a) Name and address of each independent conti	actor paid more than \$100,000	0	(b) Type of service	(c) Comp	pensatio			
None		· · · · · · · · · · · · · · · · · · ·							
				-					
· · · · · · · · · · · · · · · · · · ·									
	······································								
Total num	ber of other independent contractors recei		<b>•</b>						
	Under penalties of perjury 1 declare that I have examine, correct, and complete Declaration in preparer	nined this return, including other than officer) is bas							
		·							
Sign									
Here	Signature of officer								
	Alańa Kindness								
	Type or print name and title								
Paid	Preparer's								
Pre-	signature								
parer's	Firm's name (or Lluge & Swan	٠, ١, ١, ١, ١							
Use	employed), 2445 west 7	80 SO							
Only	address, and ZIP + 4 Lehi Lutar	~ 84043							
May the IF	S discuss this return with the preparer sh	own above? See in							
BAA									

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545 0047 **2008** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii)  11g (ii)  11g (iii)  11g (iii)  11g (iii)  (iv) Name of Supported Organization (described on lines 1 9 above or IRC section (see instructions))  (iv) Is the organization in col (i) listed in your governing document?  (vi) Did you notify the organization in col (i) organization in col (i) organization in col (i) organization in the US?	Name o	Name of the organization Employer identification number												
The organization is not a private foundation because it is. (Please check only one organization.)    A church, convention of churches or association of churches described in section 170(b)(1)(A)(ii).   A church, convention of churches or association of churches described in section 170(b)(1)(A)(ii).   A chospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Altach Schedule H.)   A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). (Enter the hospital's name, city, and state    An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)   A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)   A resecond 170(b)(1)(A)(A)(iv). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   A com	Uta	h (	Coalition Aga	ainst Sexual A	ssault					87-09	559460	)		
A church, convention of churches or association of churches described in section 170(bX1)XA)(i).  A school described in section 170(bX1)XA)(ii). (Altach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(bX1)XA)(iii). (Altach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(bX1)XA)(iii). Enter the hospital's name, city, and state  A medical research organization operated in conjunction with a hospital described in section 170(bX1)XA)(iii). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(bX1)XA)(iv). (Complete Part II.)  A norganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(bX1)XA)(iv). (Complete Part II.)  An organization that normally receives, (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receip from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from grownessment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(3). (see instructions)  An organization organizated and operated exclusively to test for public safety. See section 509(a)(3). (see instructions)  An organization organization and operated exclusively to respect to general many organization of the public safety is seen to see the section 509(a)(a). (see instructions)  An organization organization and operated exclusively to respect to general section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 tentrough 11 h.  a Type II. b Type III. Type III. Type III. Functionally integrated  b Type III.	Part	: 1	Reason for Pu	blic Charity Statu	is (All organizations	must	compl	ete thi	s part	.) (see	instruc	ctions)		
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V)(V). (Complete Part III.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V)(V). (Complete Part III.)  A community frust described in section 170(b)(1)(A)(V)(V). (Complete Part III.)  A community frust described in section 170(b)(1)(A)(V)(V). (Complete Part III.)  A community frust described in section 170(b)(1)(A)(V)(V). (Complete Part III.)  An organization that normally receives, (i) more than 33-1/3 % of its support from contributions, membership fees, and gross receip from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from growinvestment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 590(a)(2). See section 590(a)(2). See section 590(a)(2). An organization organized and operated exclusively to the benefit of, to perform the functions 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a Type II b Type III c Type III = Functionally integrated d Type III = Functionally integrated d Type III = Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualitied persons other than foundation managers and other than one or more public yupported organizations described in (ii) a finite person described in (i) a finite person described in (i) a finite person described in (i) a person who directly or	The o	rga	nization is not a priv	ate foundation becaus	se it is. (Please check on	lly <b>one</b> d	rganiza	tion)						
A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state  5	1		A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(	1)(A)(i).					
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii) Enter the hospital's name, city, and state  ane. city, and state  A organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii).  A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v)). (Complete Part III)  A community trust described in section 170(b)(1)(A)(v)). (Complete Part III)  An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receip from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from again investment income and unrelated business taxable income (less section 51) tax) from businesses acquired by the organization after June 30, 1975 See section 599(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 let through	2		A school described	in section 170(b)(1)(A	(Attach Schedule E	.)								
name. city. and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II )  An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipt from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a Type II b Type III c Type III - Functionally integrated d Type III - Other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  if the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or	3		A hospital or coope	rative hospital service	organization described	n sectio	n 170(b)	)(1)(A)(ii	i). (Atta	ch Sche	dule H)			
name. city. and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II )  An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipt from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a Type II b Type III c Type III - Functionally integrated d Type III - Other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  if the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or	4		A medical research	organization operate	d in conjunction with a ho	ospital d	escribed	in sect	ion 170	(b)(1)(A)	(iii) Ente	er the hosp	ıtal's	
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a Type I b Type II c Type III – Functionally integrated d Type III – Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  if the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  (iv) Is the organization in colid (ii) organization in colid (iii) organization in the organization in colid (iii) organization in colid (iii) organization in the organization in colid (iii) organization in the organization in the organization in colid (iii) organization in the organization in	11		more publicly suppo	orted organizations d	escribed in section 509(a	(1) or s	ection 5	09(a)(2)	tions of . See <b>s</b>	, or carr <b>ection 5</b>	y out the <b>09(a)(3).</b>	purposes Check the	of one box th	or nat
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) a family member of a person described in (i) above?  (iii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  (ii) EIN  (iii) Type of organization supports  (iv) Is the organization in col (i) organization in the granization in the graniz			a Type I	<b>b</b> Type II	c Type II	I — Fund	ctionally	ıntegrat	ed		d $\square$	Type III-	Other	
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(ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii) 1 11g (iii) 1 11g (i			(i) a person who	directly or indirectly of	controls, either alone or to	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 - (3)	Yes	No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the organizations the organization supports  (i) Name of Supported Organization  (ii) EIN  (iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))  (iv) Is the organization in col (i) listed in your governing document?  (vi) Did you notify the organization in col (i) organization in col (i) organization in col (i) organization in the US?			-											
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Organization  Organization in col (described on lines 1 9 above or IRC section (i) listed in your governing document?  Organization in col (i) of col (i) of your support?  US?	<u>n</u>			r -		T				l	. 1			
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Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

Calendar year (or fiscal yr beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e)  9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  13 Total support, (add lins 9, 10c 11, and 12)  14 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here  15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	2008									
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<b>b 33-1/3 support tests</b> — <b>2007.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	33-1/3%, an anization	nd line 18								
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instr	uctions									
Schedule TEEA0403L 01/29/09 Schedule	A (Form 990	0 or 990-EZ) 200								
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Schedule A	(Form 990 or 9	990-EZ) 2008	Utah C	Coalition	Against	Sexual	Assault_	87-0559460	Page <b>4</b>
Part IV	Supplemen	ital Informa	tion. Con	nplete this	part to pro	vide the	explanation	required by Part II formation. (see ins	, line 10;
•	Part II, line	17a or 17b	; or Part	III, line 12.	Provide ar	y other a	additional in	formation. (see ins	tructions)
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2008	Federal Statemen	ts	Page 1
	Utah Coalition Against Sexual	Assault	87-0559460
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses Conferences, Conventions,	and Mootings	٥	7 500
Contract Labor Depreciation Equipment Fees & Membership In-Kind Donations Insurance Interest Meals Office Expenses Telephone Travel	and Meetings	\$  Total \$	7,562. 275. 2,460. 890. 573. 2,995. 1,706. 216. 718. 3,090. 3,870. 14,898.
Statement 2			
Form 990-EZ, Part II, Line 24 Other Assets			
Accounts Receivable Furniture and Fixtures Machinery and Equipment Prepaid Expenses and Defe	cred Charges	Beginning \$ 2,245. \$ 23,355. 2,707. 5,083. 493.	2,245. 38,640. 2,707. 2,622. 493.
		Total \$ 33,883. \$	46,707.
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities			
Accounts Payable and Accru	ned Expenses	Beginning	13,638. 13,638.
Statement 4		· · · · · · · · · · · · · · · · · · ·	

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Public education about the prevention of sexual assault

# 2008

## **Federal Statements**

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**Utah Coalition Against Sexual Assault** 

87-0559460

Statement 5 Form 990-EZ, Part III, Line 28 **Statement of Program Service Accomplishments** 

Represented rape crisis service providers on several committees; developed and implemented professional training programs and published corresponding materials to increase the effectiveness of sexual assault service providers; continued to provide technical assitance and community support for rape crisis programs statewid; and strengthed existing rape crisis programs by utilizing teams of professional trainers to conduct rape crisis advocacy training throughout Utah.

Statement 6 Form 990-EZ, Part Vi Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No